

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5165AGC		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/02/2010	
NAME OF PROVIDER OR SUPPLIER THE LODGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 E LONG ST CARSON CITY, NV 89706			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted in your facility on 9/2/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of A.</p> <p>The facility is licensed for 81 Residential Facility for Group beds for elderly and disabled persons, (61 Category II residents and 21 residents with Alzheimer's disease, Category II residents). The census at the time of the survey was 32. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p>			Y 000			
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>			Y 255			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 9/3/10, the facility failed to ensure the kitchen complied with the standards of NAC 446.</p> <p>Findings include:</p> <p>1. Cleaning and Sanitation Issues:</p> <p>a. An open bag of cooked chicken was found in the walk-in refrigerator.</p> <p>b. A pan of burritos were stored uncovered inside the walk-in freezer.</p> <p>c. Multiple canned goods were stored on milk crates inside of the dry storage room.</p> <p>d. The following food contact surfaces of equipment were found soiled: juice dispensing heads and surrounding dispensing area, the rim of the ice machine opening, and the top of the interior of the kitchen microwave.</p> <p>e. Two waste receptacles, located next to kitchen handwashing sinks, were not properly covered.</p> <p>f. The floors under the cook's line and walk-in refrigerator shelves were soiled with food and kitchen debris.</p> <p>g. The Quat sanitizer solution was greater than</p>	Y 255			

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Y 255	Continued From page 2 500 parts per million (ppm) in the Memory Care kitchen. h. The Memory Care kitchen floors behind the reach-in refrigerator and under the dishwasher were soiled with dust and debris. 2. Equipment and Maintenance Issues: a. The walk-in refrigerator light was not meeting the required twenty foot candles, especially in the back corners of the unit. b. The flexible drain pipe for the Memory Care kitchen dishwasher was resting inside of the floor sink and not providing an air gap. Severity 2: Scope 3	Y 255			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 9/2/10,	Y 878			

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Y 878	Continued From page 3 the facility failed to ensure that 2 of 10 residents received medications as prescribed (Resident #2 and #3). Severity: 2 Scope: 1	Y 878			
Y 895 SS=D	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 9/2/10, the facility failed to include in the medication administration record of 1 of 10 residents (Resident #2) accurate instructions for administration of a medication (PRN - as needed	Y 895			

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Y 895	Continued From page 4 Benadryl). Severity: 2 Scope: 1	Y 895			
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/2/10, the facility failed to ensure that 2 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #6 and #10). Severity: 2 Scope: 1	Y 936			

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